

UNDERSTANDING WHEN THE WASHINGTON STANDARD HEALTH QUESTIONNAIRE IS NOT REQUIRED WHEN PURCHASING INDIVIDUAL HEALTH INSURANCE

OVERVIEW

When purchasing individual health insurance in Washington State, each applicant must complete a Standard Health Questionnaire form. This document is required by state law and is used by insurance companies to screen those who are predicted to have higher than average health care costs. Insurance companies use a scoring system and are allowed to deny insurance coverage to a certain percentage of applicants. Those who are denied coverage may apply for coverage with the Washington State Health Insurance Pool (WSHIP). Call us for assistance with WSHIP coverage.

YOU DO NOT HAVE TO FILL OUT THE STANDARD HEALTH QUESTIONNAIRE:

- 1. If You Have Medicare Benefits:**
- 2. For New Dependent Children:** For a newborn child, or a child placed for adoption, as long as you apply and coverage begins within 60 days of the date of birth or adoption.
- 3. For Those Who Exhaust COBRA:** If you are applying for coverage because you used up your time under COBRA coverage. You must submit an application for coverage within 90 days from the date your COBRA coverage ended.
- 4. For Those on COBRA If the Former Employer Goes Out of Business:** If your COBRA coverage stops as a result of your prior employer going out of business. You must submit an application for coverage within 90 days from the date your COBRA coverage ended.
- 5. In Some Cases When You Move:** If you move from one part of Washington State to another and your current health insurance company does not offer coverage in your area, you may apply for coverage with a new insurance company. You must submit an application for health insurance within 90 days of when you moved.
- 6. In Some Cases When Your Doctor Quits the Doctor Network:** If your doctor stops participating in the doctor network with the insurance company for your individual medical plan, as long as: Your doctor is part of the doctor network under the new individual policy you apply for, and you received treatment from this provider in the twelve months before they terminated their insurance company agreement, and you apply for individual coverage within 90 days of the doctor's termination with the insurance company.
- 7. In Some Cases For Employees or Dependents of Non-COBRA Eligible Groups:** If your employer has less than 20 employees and is not eligible to offer you or your dependents COBRA coverage, and you have been covered by the employer's group plan for 24 continuous months and apply for an individual policy within 90 days after the following events which caused you or your dependents to lose the employer's group medical plan: termination of employment, reduction in hours of employment, death of employee, divorce or legal separation, dependent child reaching the maximum age in the group contract, entitlement to Medicare which causes a loss of coverage for dependents (rare), you are retired and on group retiree coverage and your former employer declares bankruptcy (rare).
- 8. You Were or are Still Covered Under the Washington Basic Health Plan:** If you had continuous coverage under the Washington Basic Health Plan for 24 months prior to applying for individual coverage and you apply 90 days prior to or 90 after losing Basic Health coverage.

Important Note: Insurance Companies each have their own interpretation of the legislation allowing you or your dependents to apply for individual medical insurance without a health questionnaire. Therefore, the rules shown above may change slightly from company to company. Contact our office with questions.